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(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R. _____

To amend title XI of the Social Security Act to require CMI testing of incentive payments for behavioral health providers and certain other providers for adoption and use of certified electronic health record technology, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. MATSUI introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XI of the Social Security Act to require CMI testing of incentive payments for behavioral health providers and certain other providers for adoption and use of certified electronic health record technology, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. REQUIRING CMI TESTING OF INCENTIVE PAY-**
2 **MENTS FOR BEHAVIORAL HEALTH PRO-**
3 **VIDERS AND CERTAIN OTHER PROVIDERS**
4 **FOR ADOPTION AND USE OF CERTIFIED**
5 **ELECTRONIC HEALTH RECORD TECH-**
6 **NOLOGY.**

7 (a) IN GENERAL.—Section 1115A(b)(2) of the Social
8 Security Act (42 U.S.C. 1315a(b)(2)) is amended—

9 (1) in subparagraph (A), by inserting “, except
10 that the models selected under this subparagraph
11 shall include the models described in subparagraph
12 (B)(xxv) (with policy decisions regarding the scale of
13 funding, number of behavioral health provider par-
14 ticipants, and the length of the demonstration pro-
15 gram to be determined by the Secretary)” after
16 “subparagraph (B)”;

17 (2) in subparagraph (B)(xxv), by striking “to
18 improve quality and coordination” and inserting
19 “and implementing interoperability projects provi-
20 sions to improve the integration, quality, and coordi-
21 nation pursuant to Section 4003 of the 21st Century
22 Cures Act”; and

23 (3) by adding at the end the following flush left
24 matter:

25 “Behavioral health providers participating in
26 models authorized under clause (xxv) shall not

1 be eligible for health information technology in-
2 centive payments unless these providers dem-
3 onstrate (through a process specified by the
4 Secretary (such as the use of attestation)) that
5 they have acquired health information systems
6 that meet the 2015 Office of the National Coor-
7 dinator certification standards and that such
8 systems are fully compliant with regulations
9 specified in the Interoperability and Patient Ac-
10 cess Rule (42 C.F.R. 485; 45 C.F.R. 156).”.

11 (b) BEHAVIORAL IT STANDARDS DEVELOPMENT.—
12 In developing models described in section
13 1115A(b)(2)(B)(xxv) of the Social Security Act (42
14 U.S.C. 1315a(b)(2)(B)(xxv)), the Secretary of Health and
15 Human Services shall, acting through the Assistant Sec-
16 retary for Mental Health and Substance Use and the Di-
17 rector of the Office of the National Coordinator for Health
18 Information and in consultation with appropriate stake-
19 holders, develop voluntary standards for behavioral health
20 information technology that address issues such as pri-
21 vacy, minimum clinical data standards, and sharing rel-
22 evant patient health data across the behavioral health
23 care, primary health care, and specialty health care sys-
24 tems.

1 (c) FUNDING.—Section 1115A(f)(1) of the Social Se-
2 curity Act (42 U.S.C. 1315a(f)(1)) is amended—

3 (1) in subparagraph (B), by striking “and” at
4 the end;

5 (2) in subparagraph (C), by striking the period
6 and inserting “; and”; and

7 (3) by adding at the end the following new sub-
8 paragraph:

9 “(D) in addition to any amounts made
10 available under subparagraph (B),
11 \$250,000,000 for the period of fiscal years
12 2023 through 2025 for purposes of carrying out
13 the model described in subsection
14 (b)(2)(B)(xxv).”.